

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK DEVELOPED REAL ESTATE INDEX FUND
1b Three-digit plan number (PN): 411
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-4065314
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BLACKROCK DEVELOPED REAL ESTATE INDEX FUND</u>	B Three-digit plan number (PN)	<u>411</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-4065314</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>DEVELOPED REAL ESTATE INDEX FUND</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, M.A.</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>27-2659367-001</u>	<u>C</u>	<u>25493181</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

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d Entity code

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 2B CLAIM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor 2B CLAIM SERVICES, INC.	c EIN-PN 36-4730711-001
a	Plan name 403(B) THRIFT PLAN OF UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC.	
b	Name of plan sponsor UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC.	c EIN-PN 11-1723782-002
a	Plan name ABERCROMBIE & FITCH CO. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ABERCROMBIE & FITCH CO.	c EIN-PN 31-1469076-001
a	Plan name AIM DISTRIBUTION SERVICES, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor AIM DISTRIBUTION SERVICES, LLC	c EIN-PN 26-0866986-001
a	Plan name AIM TRANSFER & STORAGE, INC PROFIT SHARING 401(K)	
b	Name of plan sponsor AIM TRANSFER & STORAGE	c EIN-PN 26-0103327-001
a	Plan name ALEXANDER STEARNS HOLDINGS 401(K) PLAN	
b	Name of plan sponsor ALEXANDER STEARNS LLC	c EIN-PN 47-4600345-001
a	Plan name APCO WORLDWIDE 401K PLAN	
b	Name of plan sponsor APCO WORLDWIDE INC	c EIN-PN 13-3627825-001
a	Plan name ASSEMBLY INTERMEDIATE LLC 401(K) PLAN	
b	Name of plan sponsor ASSEMBLY INTERMEDIATE LLC	c EIN-PN 84-2986791-001
a	Plan name ATHENA MANAGEMENT INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ATHENA MANAGEMENT INC.	c EIN-PN 45-2516242-001
a	Plan name B & W WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor B & W WELDING, INC.	c EIN-PN 34-1250851-001
a	Plan name BANK OF DADE ASSET ACCUMULATION PLAN	
b	Name of plan sponsor BANK OF DADE	c EIN-PN 58-0657039-002
a	Plan name BARENTZ NORTH AMERICA, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BARENTZ NORTH AMERICA, LLC	c EIN-PN 34-1209005-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAUMANN & DE GROOT 401(K) PLAN	
b	Name of plan sponsor BAUMANN & DE GROOT, INC.	c EIN-PN 38-3205394-001
a	Plan name BCI 401(K) PLAN	
b	Name of plan sponsor BLENDED CLOTHING, INC.	c EIN-PN 46-5385454-001
a	Plan name BEST PROCESS SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEST PROCESS SOLUTIONS, INC.	c EIN-PN 90-0856674-001
a	Plan name BFS SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BFS SERVICES, INC.	c EIN-PN 75-1567376-002
a	Plan name BIOMERICS 401(K) PLAN	
b	Name of plan sponsor BIOMERICS, LLC	c EIN-PN 26-4327437-001
a	Plan name BLENDTEC, INC. 401(K) TRUST	
b	Name of plan sponsor BLENDTEC, INC	c EIN-PN 87-0471667-001
a	Plan name BLUE ICE VODKA 401(K) PLAN	
b	Name of plan sponsor 21ST CENTURY SPIRITS LLC	c EIN-PN 95-4767942-001
a	Plan name BMC HOLDCO, LLC 401(K) PLAN	
b	Name of plan sponsor BMC HOLDCO, LLC	c EIN-PN 92-1216638-001
a	Plan name BMT COMMERCIAL USA, INC. 401(K) PLAN	
b	Name of plan sponsor BMT COMMERCIAL USA INC	c EIN-PN 33-0516320-001
a	Plan name BRAZELTON LEASING INC. 401(K) PLAN	
b	Name of plan sponsor BRAZELTON LEASING INC.	c EIN-PN 43-1964683-001
a	Plan name BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRENNAN INDUSTRIES, INC.	c EIN-PN 34-0859271-003
a	Plan name BRG 401(K) PLAN	
b	Name of plan sponsor BRG 401(K) PLAN	c EIN-PN 75-1605963-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BRIAN K. MCNEELY, DDS & JUSTIN L. MALLETTE, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRIAN K. MCNEELY, DDS & JUSTIN L. MALLETTE, DDS, PLLC	c EIN-PN 84-2057867-001
a	Plan name BURNET HOSPICE CARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BURNET HOSPICE CARE, INC.	c EIN-PN 45-1783432-001
a	Plan name CALIFORNIA INTERCONTINENTAL UNIVERSITY, INC.	
b	Name of plan sponsor CALIFORNIA INTERCONTINENTAL UNIVERSITY	c EIN-PN 02-0681380-001
a	Plan name CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CAMPBELL COMPANIES	c EIN-PN 84-3055712-001
a	Plan name CANYON CONSULTING 401(K) PLAN	
b	Name of plan sponsor CANYON CONSULTING	c EIN-PN 22-3943890-001
a	Plan name CAPITOL-HUSTING COMPANY, INC. SAVINGS AND RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor CAPITOL-HUSTING COMPANY, INC.	c EIN-PN 39-0363870-002
a	Plan name CARE DIMENSIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE DIMENSIONS, LLC	c EIN-PN 20-3580705-001
a	Plan name CASELLE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CASELLE, INC.	c EIN-PN 87-0484041-001
a	Plan name CCINTEGRATION, INC. 401(K) PLAN	
b	Name of plan sponsor CCINTEGRATION INC.	c EIN-PN 77-0197130-001
a	Plan name CENTEVA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CENTEVA LLC	c EIN-PN 20-8138956-001
a	Plan name CENTRAL PARK ENT 401(K) PLAN	
b	Name of plan sponsor CENTRAL PARK EAR, NOSE AND THROAT, LLP	c EIN-PN 75-2733623-001
a	Plan name CMC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor CMC ENGINEERING	c EIN-PN 23-2149767-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CMD AGENCY RETIREMENT PLAN	
b	Name of plan sponsor	CREATIVE MEDIA DEVELOPMENT, INC.	c EIN-PN 93-1199469-001
a	Plan name	COMPOUND ADVISORS LLC 401(K) PROFIT SHARING PAN & TRUST	
b	Name of plan sponsor	COMPOUND ADVISORS, LLC	c EIN-PN 26-2927841-001
a	Plan name	CORRELATION MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORRELATION MANAGEMENT, LLC	c EIN-PN 20-4584639-001
a	Plan name	CORROTEC, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CORROTEC, INC.	c EIN-PN 31-1011158-001
a	Plan name	COUNTY OF TULARE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	COUNTY OF TULARE DEFERRED COMPENSATION PLAN	c EIN-PN 94-6000545-001
a	Plan name	CPT RETIREMENT PLAN	
b	Name of plan sponsor	CPT, INC.	c EIN-PN 39-1996506-001
a	Plan name	CREW BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREW BUILDERS INC	c EIN-PN 20-5499129-001
a	Plan name	CRIHB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.	c EIN-PN 23-7052541-003
a	Plan name	DAVIS & YOUNG 401(K) PLAN AND TRUST	
b	Name of plan sponsor	DAVIS & YOUNG, A LEGAL PROFESSIONAL ASSOCIATION	c EIN-PN 34-1235523-002
a	Plan name	DAW CONSTRUCTION GROUP, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAW CONSTRUCTION GROUP, LLC	c EIN-PN 33-1087950-001
a	Plan name	DEFFET GROUP 401(K) PLAN	
b	Name of plan sponsor	DEFFET GROUP	c EIN-PN 31-1268478-001
a	Plan name	DELTA HEALTH SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WM. MICHAEL STEMLER, INC. DBA DELTA HEALTH SYSTEMS	c EIN-PN 94-2353289-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DESIGN WORLD, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DESIGN WORLD, LLC	c EIN-PN 20-4393625-001
a	Plan name	DOWNEY, SMITH & FIER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWNEY, SMITH & FIER	c EIN-PN 46-0479115-001
a	Plan name	DWORKEN & BERNSTEIN CO. L.P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DWORKEN & BERNSTEIN CO. L.P.A.	c EIN-PN 34-1082604-001
a	Plan name	E. EXCEL 401(K) PLAN	
b	Name of plan sponsor	E. EXCEL USA, LLC	c EIN-PN 83-2916527-001
a	Plan name	ECLIPSE VENTURES, LLC RETIREMENT TRUST	
b	Name of plan sponsor	ECLIPSE VENTURES, LLC	c EIN-PN 61-1760903-001
a	Plan name	EQUIDOX SOFTWARE COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	EQUIDOX SOFTWARE COMPANY LLC	c EIN-PN 88-3065096-001
a	Plan name	EVOLVE BIOLOGICS (USA), INC. 401(K) PLAN	
b	Name of plan sponsor	EVOLVE BIOLOGICS INC.	c EIN-PN 36-4941724-001
a	Plan name	FARMERS & MECHANICS FEDERAL 401(K) PLAN	
b	Name of plan sponsor	FARMERS & MECHANICS FEDERAL	c EIN-PN 35-0303170-001
a	Plan name	FEE, SMITH & SHARP, LLP 401(K) PLAN	
b	Name of plan sponsor	FEE, SMITH & SHARP, LLP	c EIN-PN 68-0502076-001
a	Plan name	FORMATION BIO 401(K) PLAN	
b	Name of plan sponsor	TRIALSPARK INC. DBA FORMATION BIO	c EIN-PN 47-1134239-001
a	Plan name	FOX FIRE PROTECTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOX FIRE, INC.	c EIN-PN 34-1711931-001
a	Plan name	FREESTYLE CAPITAL RETIREMENT PLAN	
b	Name of plan sponsor	FREESTYLE CAPITAL MANAGEMENT, LLC.	c EIN-PN 45-1060837-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FULLER REALTY ADVISERS LTD 401(K) PLAN	
b	Name of plan sponsor	FULLER REALTY ADVISERS LTD	c EIN-PN 20-3158533-001
a	Plan name	GEISLER BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEISLER BROTHERS INC	c EIN-PN 42-0920935-001
a	Plan name	GENERAL LABOR & INDUSTRIAL STAFFING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	GENERAL LABOR & INDUSTRIAL STAFFING SOLUTIONS, LLC	c EIN-PN 90-0771061-001
a	Plan name	GREATER HOPE FOUNDATION FOR CHILDREN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GREATER HOPE FOUNDATION FOR CHILDREN, INC.	c EIN-PN 90-0111715-001
a	Plan name	GROUP RETIREMENT PLAN	
b	Name of plan sponsor	SVB FINANCIAL GROUP	c EIN-PN 91-1962278-002
a	Plan name	GUESS?, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GUESS , INC.	c EIN-PN 95-3679695-001
a	Plan name	H.B. BOYS 401(K)	
b	Name of plan sponsor	H.B. BOYS L.C.	c EIN-PN 87-0536706-001
a	Plan name	HALLMARK AVIATION SERVICES, LP 401(K) PLAN	
b	Name of plan sponsor	HALLMARK AVIATION SERVICES, L.P.	c EIN-PN 95-4217627-001
a	Plan name	HERITAGE SCHOOLS, INC. 401(K) PLAN	
b	Name of plan sponsor	HERITAGE SCHOOLS, INC.	c EIN-PN 87-0514958-001
a	Plan name	HHS GOVERNMENT SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	HHS GOVERNMENT SERVICES, LLC	c EIN-PN 82-5298220-001
a	Plan name	HOPEWELL FUND 401(K) PLAN	
b	Name of plan sponsor	HOPEWELL FUND	c EIN-PN 47-3681860-001
a	Plan name	HORROCKS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	HORROCKS ENGINEERS, INC.	c EIN-PN 87-0296502-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOUSTON EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOUSTON EAR, NOSE & THROAT CLINIC, LLP	c EIN-PN 74-1195579-002
a	Plan name	ILLUMINATIVE 401(K) PLAN	
b	Name of plan sponsor	ILLUMINATIVE, INC	c EIN-PN 92-1975377-001
a	Plan name	INFOTRAX 401(K) PLAN	
b	Name of plan sponsor	INFOTRAX SYSTEMS	c EIN-PN 87-0584415-001
a	Plan name	INNOVATIVE LIGHTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INNOVATIVE LIGHTING, LLC	c EIN-PN 26-3370831-001
a	Plan name	INTERMOUNTAIN ELECTRONICS, INC. OF PRICE, UTAH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERMOUNTAIN ELECTRONICS, INC. OF PRICE, UTAH	c EIN-PN 87-0465100-001
a	Plan name	INTERNATIONAL SEALS 401(K) PLAN	
b	Name of plan sponsor	HDZ BROTHERS INC. DBA INTERNATIONAL SEALS	c EIN-PN 20-8120687-001
a	Plan name	ISU VETERINARY SERVICES CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ISU VETERINARY SERVICES CORPORATION	c EIN-PN 42-6409168-001
a	Plan name	J.S. PARIS EXCAVATING, INC. 401(K) PLAN	
b	Name of plan sponsor	J.S. PARIS EXCAVATING, INC.	c EIN-PN 34-1665120-001
a	Plan name	JAMAL'S ENTERPRISES, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAMALS ENTERPRISES, INC.	c EIN-PN 94-2178844-001
a	Plan name	JAMES RANDALL MARSHALL DMD PLLC 401(K) PLAN	
b	Name of plan sponsor	JAMES RANDALL MARSHALL DMD PLLC	c EIN-PN 46-5663623-001
a	Plan name	JBM PACKAGING COMPANY RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	JBM PACKAGING COMPANY	c EIN-PN 31-1277407-001
a	Plan name	JOHN K. MCGILL & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHN K. MCGILL & COMPANY, INC.	c EIN-PN 56-1385310-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JONATHAN W WHITE CPA PLLC 401K PLAN	
b	Name of plan sponsor JONATHAN W WHITE, CPA, PLLC	c EIN-PN 45-5745166-001
a	Plan name KERN-LIEBERS 401(K) PLAN	
b	Name of plan sponsor KERN-LIEBERS USA, INC.	c EIN-PN 34-1210887-001
a	Plan name KILN MANAGEMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor KILN MANAGEMENT, LLC	c EIN-PN 92-1295165-001
a	Plan name KP3 ENDEAVORS, INC. EMPLOYER STOCK OWNERSHIP PLAN	
b	Name of plan sponsor KP3 ENDEAVORS, INC.	c EIN-PN 81-5049934-001
a	Plan name LEP MANAGEMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor LEP MANAGEMENT LLC	c EIN-PN 32-0446501-001
a	Plan name MARKETLAUNCHER INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARKETLAUNCHER, INC.	c EIN-PN 59-3714133-002
a	Plan name MARKETSTAR 401(K) PLAN	
b	Name of plan sponsor MARKETSTAR QOZ BUSINESS LLC	c EIN-PN 83-3522848-001
a	Plan name MARTINEZ STEEL CORPORATION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MARTINEZ STEEL CORPORATION	c EIN-PN 33-0615378-001
a	Plan name MAZANEC, RASKIN & RYDER CO., L.P.A. 401(K) PLAN	
b	Name of plan sponsor MAZANEC, RASKIN & RYDER CO., L.P.A.	c EIN-PN 34-1440259-001
a	Plan name MEDSPEED, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MEDSPEED LLC	c EIN-PN 36-4279497-001
a	Plan name MENLO VENTURES RETIREMENT PLAN	
b	Name of plan sponsor MENLO VENTURES MANAGEMENT, L.P.	c EIN-PN 81-2382086-001
a	Plan name METASOURCE, LLC 401(K) PLAN	
b	Name of plan sponsor METASOURCE, LLC	c EIN-PN 26-0771758-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name METRODORA RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor METRODORA INSTITUTE, LLC	c EIN-PN 86-3742473-001
a	Plan name METROPOLITAN PUBLIC DEFENDER RETIREMENT PLAN	
b	Name of plan sponsor METROPOLITAN PUBLIC DEFENDER SERVICES, INC.	c EIN-PN 93-0591637-001
a	Plan name MILLARD ELECTRIC COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLARD ELECTRIC COMPANY, INC.	c EIN-PN 47-0494470-001
a	Plan name MILLER EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MILLER EQUIPMENT COMPANY	c EIN-PN 20-0017568-001
a	Plan name MISSION CLOUD SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor MISSION CLOUD SERVICES, INC.	c EIN-PN 82-3413386-001
a	Plan name MNA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEMORIAL NEUROLOGICAL ASSOCIATION	c EIN-PN 74-1824287-003
a	Plan name MOUNTAIN VALLEY CHILD AND FAMILY SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN VALLEY CHILD AND FAMILY SERVICES, INC.	c EIN-PN 94-2742653-001
a	Plan name MP GLOBAL PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor MP GLOBAL PRODUCTS LLC	c EIN-PN 91-1838266-001
a	Plan name MTC US CORP. 401(K) PLAN	
b	Name of plan sponsor MTC US CORP.	c EIN-PN 26-1314191-001
a	Plan name NATIONAL ASSOCIATION OF COLLEGIATE DIRECTORS OF ATHLETICS 401(K) PLAN	
b	Name of plan sponsor NATIONAL ASSOCIATION OF COLLEGIATE DIRECTORS OF ATHLETICS	c EIN-PN 41-0906322-002
a	Plan name NEW DUDS, INC. 401(K) PLAN	
b	Name of plan sponsor NEW DUDS INC.	c EIN-PN 27-3618434-001
a	Plan name NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW VENTURE FUND	c EIN-PN 20-5806345-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NEW WATERLOO 401(K) PLAN	
b	Name of plan sponsor	6H MANAGEMENT LLC	c EIN-PN 30-0913137-001
a	Plan name	NOORDA COLLEGE 401(K) PLAN	
b	Name of plan sponsor	NOORDA COLLEGE	c EIN-PN 82-0885956-001
a	Plan name	NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTH AMERICAN CLIENT SERVICES, INC.	c EIN-PN 88-0252963-001
a	Plan name	OMI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	OMI INDUSTRIES, INC.	c EIN-PN 41-1681053-001
a	Plan name	ONIX NETWORKING 401(K) PLAN	
b	Name of plan sponsor	ONIX NETWORKING CORP.	c EIN-PN 34-1729033-001
a	Plan name	PACIFIC SERVICE CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	PACIFIC SERVICE CREDIT UNION	c EIN-PN 94-6061277-001
a	Plan name	PDG 401(K) PLAN	
b	Name of plan sponsor	PROCESS DISTRIBUTION GROUP	c EIN-PN 71-1043927-006
a	Plan name	PEOPLES SERVICES INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PEOPLES SERVICES INC	c EIN-PN 34-1692443-002
a	Plan name	PINEGROVE VENTURES 401(K) PLAN	
b	Name of plan sponsor	SVB CAPITAL MANAGEMENT LLC	c EIN-PN 92-3286102-001
a	Plan name	PLANET PARTNERSHIP LLC 401(K) PLAN	
b	Name of plan sponsor	PLANET PARTNERSHIP LLC	c EIN-PN 86-1764141-001
a	Plan name	PMC GAGE 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PMC GAGE, INC.	c EIN-PN 34-1889157-001
a	Plan name	PORTLAND BOLT & MANUFACTURING CO. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PORTLAND BOLT AND MANUFACTURING LLC	c EIN-PN 93-1129217-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	PRODUCT HUNT 401(K)
b	Name of plan sponsor	PRODUCT HUNT INC. c EIN-PN 46-5540176-001
a	Plan name	PURVIS SYSTEMS, INC. RETIREMENT PLAN
b	Name of plan sponsor	PURVIS SYSTEMS, INC. c EIN-PN 11-2299301-002
a	Plan name	R.D. PINAULT 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	R.D. PINAULT CO., INC. c EIN-PN 33-0645294-002
a	Plan name	RASENBERGER, VAN KESTEREN, AND GETZ DDS, PA 401(K) PLAN
b	Name of plan sponsor	RASENBERGER, VAN KESTEREN, AND GETZ DDS, PA c EIN-PN 56-2117343-001
a	Plan name	REAGAN ACADEMY 401(K) PLAN
b	Name of plan sponsor	REAGAN ACADEMY c EIN-PN 56-2533763-001
a	Plan name	RELISHIQ INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	RELISH IQ c EIN-PN 85-4099959-001
a	Plan name	RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	RETIREMENT PLAN ADVISORY GROUP c EIN-PN 26-0341714-001
a	Plan name	RHODE ISLAND BLACK BUSINESS ASSOCIATION 401(K) PLAN
b	Name of plan sponsor	RHODE ISLAND BLACK BUSINESS ASSOCIATION (RIBBA) c EIN-PN 45-1454867-001
a	Plan name	RICHMOND UNIVERSITY MEDICAL CENTER RETIREMENT PLAN FOR NON-UNION EMPLOYEES
b	Name of plan sponsor	RICHMOND UNIVERSITY MEDICAL CENTER c EIN-PN 74-3177454-001
a	Plan name	ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS, INC.
b	Name of plan sponsor	ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS, INC. c EIN-PN 87-0594592-002
a	Plan name	RYBURN MOTOR COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	RYBURN MOTOR COMPANY, INC. c EIN-PN 71-0667793-001
a	Plan name	SALT LAKE CITY CORPORATION EMPLOYEES DEFERRAL PLAN
b	Name of plan sponsor	SALT LAKE CITY CORPORATION c EIN-PN 87-6000279-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	SALZMAN INTERNATIONAL PROFIT SHARING PLAN
b	Name of plan sponsor	SALZMAN INTERNATIONAL, INC.
c	EIN-PN	42-1429738-003
a	Plan name	SAXCO INTERNATIONAL, LLC SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	SAXCO INTERNATIONAL, LLC
c	EIN-PN	27-3989735-002
a	Plan name	SBA 401(K) PLAN
b	Name of plan sponsor	SCHOELLER BLECKMANN AMERICA, INC.
c	EIN-PN	51-0332482-001
a	Plan name	SEASONS EVOO HOLDINGS LLC RETIREMENT SAVINGS PLAN 401(K)
b	Name of plan sponsor	SEASONS EVOO HOLDINGS, LLC
c	EIN-PN	47-1946111-001
a	Plan name	SHAFFER'S AUTO BODY, INC. 401(K) PLAN
b	Name of plan sponsor	SHAFFERS AUTO BODY COMPANY, INC.
c	EIN-PN	42-1128616-001
a	Plan name	SIETE FAMILY FOODS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SIETE FAMILY FOODS
c	EIN-PN	46-5012862-001
a	Plan name	SILVER STAR TELEPHONE COMPANY, INC. EMPLOYEES 401(K) PLAN
b	Name of plan sponsor	SILVER STAR TELEPHONE COMPANY
c	EIN-PN	83-0175366-002
a	Plan name	SMITH DOUGLAS HOMES 401(K) PLAN
b	Name of plan sponsor	SMITH DOUGLAS HOLDINGS, LLC
c	EIN-PN	81-0981602-001
a	Plan name	SOMOS MAYFAIR, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SOMOS MAYFAIR INC.
c	EIN-PN	77-0499813-001
a	Plan name	SPANISH FORK CITY 401(K) PLAN
b	Name of plan sponsor	SPANISH FORK CITY
c	EIN-PN	87-0648919-001
a	Plan name	SPENCER CONSTRUCTION 401(K) PLAN
b	Name of plan sponsor	SPENCER CONSTRUCTION, LLC
c	EIN-PN	82-4089972-001
a	Plan name	STEPHEN HOVANCSEK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	STEPHEN HOVANCSEK & ASSOCIATES INC.
c	EIN-PN	34-1341235-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name STRAVOS EDUCATION, LLC 401(K) PLAN	
b	Name of plan sponsor STRAVOS EDUCATION, LLC	c EIN-PN 87-3558636-002
a	Plan name SZANCA SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SZANCA SOLUTIONS, INC.	c EIN-PN 52-2447092-001
a	Plan name TEXAS NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEXAS NATIONAL BANK	c EIN-PN 75-2574061-001
a	Plan name THE 401K PLAN PEP	
b	Name of plan sponsor PENTEGRA SERVICES INC	c EIN-PN 13-3745616-006
a	Plan name THE CLEVELAND MUSEUM OF ART PENSION PLAN	
b	Name of plan sponsor THE CLEVELAND MUSEUM OF ART	c EIN-PN 34-0714336-001
a	Plan name THE DOUGLAS COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE DOUGLAS COMPANY	c EIN-PN 34-1178837-001
a	Plan name THE FAMILY 401(K) PLAN	
b	Name of plan sponsor DENCO FAMILY, INC.	c EIN-PN 46-1731629-002
a	Plan name THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC.	c EIN-PN 31-1504597-001
a	Plan name THE LUTHERAN ALL FAITHS CEMETERY 401(K) PLAN	
b	Name of plan sponsor THE LUTHERAN ALL FAITHS CEMETERY	c EIN-PN 11-1028670-003
a	Plan name THE MILLS GROUP EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE MILLS GROUP	c EIN-PN 42-1574355-001
a	Plan name THE NEW YORK BLOWER COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE NEW YORK BLOWER COMPANY	c EIN-PN 36-1545150-001
a	Plan name THE PEOPLES BANK OF BROWNSTOWN EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEOPLES BANK	c EIN-PN 35-0201080-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE PYRO-COMM SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PYRO-COMM SYSTEMS, INC.	c EIN-PN 33-0429397-001
a	Plan name	THE TSG PEP	
b	Name of plan sponsor	THE TSG PEP ADOPTED BY COMPANY NAME	c EIN-PN 13-3745616-001
a	Plan name	TRIO SUPPLY CHAIN SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRIO SUPPLY CHAIN SOLUTIONS, LLC	c EIN-PN 46-1741870-001
a	Plan name	TURF EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	TURF EQUIPMENT AND AGRONOMICS, LLC	c EIN-PN 46-3624599-002
a	Plan name	U.S.A. DUTCH INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	U.S.A. DUTCH, INC.	c EIN-PN 56-1665987-001
a	Plan name	UNITED EXCHANGE CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITED EXCHANGE CORP.	c EIN-PN 33-0574628-001
a	Plan name	UTAH YOUTH VILLAGE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	UTAH YOUTH VILLAGE, INC.	c EIN-PN 87-0301014-001
a	Plan name	VIVOS THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	VIVOS THERAPEUTICS, INC.	c EIN-PN 81-3224056-001
a	Plan name	VULCAN SPRING 401(K) PLAN	
b	Name of plan sponsor	VULCAN SPRING & MANUFACTURING COMPANY	c EIN-PN 23-1726315-001
a	Plan name	WASATCH PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	WASATCH PROPERTY MANAGEMENT, INC.	c EIN-PN 87-0484108-001
a	Plan name	WENTWOOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	WENTWOOD COMPANIES, INC.	c EIN-PN 83-2138839-001
a	Plan name	WILLIAM M. AERNI, DDS RETIREMENT PLAN	
b	Name of plan sponsor	WILLIAM M, AERNI, DDS LLC	c EIN-PN 26-3907707-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK DEVELOPED REAL ESTATE INDEX FUND	B Three-digit plan number (PN) ▶ 411
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4065314

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	53879 65588
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	26668588 25493181
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26722467	25558769
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	6618
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	60708	65588
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	60708	72206
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26661759	25486563

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	429394
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	429394

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	1300
(5) Investment advisory and investment management fees	2i(5)	18580
(6) Bank or trust company trustee/custodial fees	2i(6)	7062
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	26942
j Total expenses. Add all expense amounts in column (b) and enter total	2j	26942

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	402452
l Transfers of assets:		
(1) To this plan	2l(1)	9850257
(2) From this plan	2l(2)	11427905

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.